

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044819

STATE FILE NUMBER

Registration District No. 251

Primary Registration District No. 4371

Registrar's No. 253

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		Length of stay in 1b 4 hours	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmo Community Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDDIE Middle JACKSON Last BISHOP		4. DATE OF DEATH Month 11 Day 20 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/24/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account	
11. BIRTHPLACE (City and state or country) Norton, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lodell Bishop		13b. MOTHER'S MAIDEN NAME Mary Cassell	
14. NAME OF HUSBAND OR WIFE Alta Clark Bishop		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Mrs. Alta Bishop, Elmo, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural hematoma, massive, right 2-Multiple hemorrhages, brain stem Blow on the head from falling object, causing medullary failure with pulmonary edema. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 12 hours 3 hours.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Endgate of a wagon fell, striking patient on the right occipital region.	
20c. TIME OF INJURY 1:00 PM. Nov. 20, 63. Nov. 19, 1963 @ 1:PM was date & time of injury.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm.	20f. CITY, TOWN, OR LOCATION Elmo, 3 miles E. Nodaway Mo.	
21. I attended the deceased from Nov. 20, 1963 to 11/20/63 and last saw him alive on Nov. 20, 1963. Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] D. O.		22b. ADDRESS Elmo, Missouri	22c. DATE SIGNED Nov 21, 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/22/63	23c. NAME OF CEMETERY OR CREMATORY LaMar	23d. LOCATION (City, town, or county) Elmo, Missouri
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo		25. DATE RECD. BY LOCAL REG. 11-21-63	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clin M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.